

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002999 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/10/2012 |
| NAME OF PROVIDER OR SUPPLIER HEARTH AT WINDERMERE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 9745 OLYMPIA DR FISHERS, IN 46038 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| R 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00102426.</p> <p>This visit was in conjunction with a Post Survey Revisit (P.S.R.) to the Investigation of Complaints IN00098182 and IN00099589 completed 11/10/11.</p> <p>Complaint number IN00102426 unsubstantiated due to lack of evidence.</p> <p>Survey Dates: February 09, 10, 2012</p> <p>Facility number: 002999 Provider number: 002999 AIM number: NA</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: Residential: 109 Total:109</p> <p>Census payor type: Other: 109 Total: 109</p> <p>Sample: 3</p> <p>Hearth at Windermere was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00102426.</p> <p>Quality review completed 2/13/12 Cathy Emswiller RN</p> | R 000 | | | |

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

NOD111

If continuation sheet 1 of 1